LAKELAND HEALTH CARE CENTER

W3930 CTY ROAD NN

ELKHORN 53121 Phone: (262) 741-3600 Ownership: County Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No No Number of Beds Set Up and Staffed (12/31/02): Title 18 (Medicare) Certified? 245 Total Licensed Bed Capacity (12/31/02): 245 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/02: 229 Average Daily Census: 236

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02)	용					
Home Health Care Supp. Home Care-Personal Care	No No			 Age Groups 	 % 	•	27.9 41.0	
Supp. Home Care-Household Services	No		0.9	Under 65	10.0	•	31.0	
Day Services	No			65 - 74	10.0			
Respite Care	No	Mental Illness (Other)	1.3	75 - 84	29.3		100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	41.9	******************	*****	
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	8.7	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.4			Nursing Staff per 100 Res	idents	
Home Delivered Meals	No	Fractures	0.9		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	15.3	65 & Over	90.0			
Transportation	No	Cerebrovascular	12.2			RNs	11.6	
Referral Service	No	Diabetes	3.5	Sex	용	LPNs	8.0	
Other Services	No	Respiratory	1.3			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	29.3	Male	28.4	Aides, & Orderlies	52.4	
Mentally Ill	No			Female	71.6			
Provide Day Programming for			100.0	I				
Developmentally Disabled	No				100.0			

Method of Reimbursement

		edicare			edicaid itle 19		(Other			Private Pay	<u> </u>		amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	90	Per Diem (\$)	No.	00	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	0	0.0	0	4	2.1	120	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	1.7
Skilled Care	11	100.0	369	181	95.3	102	0	0.0	0	28	100.0	165	0	0.0	0	0	0.0	0	220	96.1
Intermediate				5	2.6	84	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	2.2
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	11	100.0		190	100.0		0	0.0		28	100.0		0	0.0		0	0.0		229	100.0

LAKELAND HEALTH CARE CENTER

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02										
		 			 % Needing		Total					
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of					
Private Home/No Home Health	8.8	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents					
Private Home/With Home Health	2.7	Bathing	0.9		50.2	48.9	229					
Other Nursing Homes	6.8	Dressing	8.3		52.8	38.9	229					
Acute Care Hospitals	75.5	Transferring	27.5		36.7	35.8	229					
Psych. HospMR/DD Facilities	0.0	Toilet Use	20.1		41.0	38.9	229					
Rehabilitation Hospitals	0.0	Eating	41.0		38.4	20.5	229					
Other Locations	6.1	********	*****	*****	******	*****	******					
Total Number of Admissions	147	Continence		%	Special Treat	ments	%					
Percent Discharges To:		Indwelling Or Extern	al Catheter	5.7	Receiving F	Respiratory Care	4.8					
Private Home/No Home Health	13.5	Occ/Freq. Incontinen	t of Bladder	65.9	Receiving T	racheostomy Care	0.4					
Private Home/With Home Health	7.8	Occ/Freq. Incontinen	t of Bowel	46.3	Receiving S	Suctioning	0.0					
Other Nursing Homes	6.4				Receiving C	stomy Care	3.9					
Acute Care Hospitals	10.6	Mobility			Receiving T	'ube Feeding	4.8					
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	2.2	Receiving M	Mechanically Altered Diets	45.9					
Rehabilitation Hospitals	0.0											
Other Locations	7.8	Skin Care			Other Resider	t Characteristics						
Deaths	53.9	With Pressure Sores		5.7	Have Advanc	e Directives	90.8					
Total Number of Discharges		With Rashes		8.3	Medications							
(Including Deaths)	141				Receiving E	sychoactive Drugs	65.9					

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

		Ownership:			Size:		ensure:					
	This	Gov	ernment	2	00+	Ski	lled	Al	1			
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities			
	olo	00	Ratio	%	Ratio	%	Ratio	%	Ratio			
Occupancy Rate: Average Daily Census/Licensed Beds	96.3	84.6	1.14	86.5	1.11	86.7	1.11	85.1	1.13			
Current Residents from In-County	78.2	55.3	1.41	44.5	1.76	69.3	1.13	76.6	1.02			
Admissions from In-County, Still Residing	31.3	26.2	1.20	23.9	1.31	22.5	1.39	20.3	1.54			
Admissions/Average Daily Census	62.3	60.4	1.03	40.5	1.54	102.9	0.61	133.4	0.47			
Discharges/Average Daily Census	59.7	64.0	0.93	47.8	1.25	105.2	0.57	135.3	0.44			
Discharges To Private Residence/Average Daily Census	12.7	19.7	0.65	11.2	1.14	40.9	0.31	56.6	0.22			
Residents Receiving Skilled Care	97.8	85.5	1.14	83.7	1.17	91.6	1.07	86.3	1.13			
Residents Aged 65 and Older	90.0	88.5	1.02	90.9	0.99	93.6	0.96	87.7	1.03			
Title 19 (Medicaid) Funded Residents	83.0	79.1	1.05	80.4	1.03	69.0	1.20	67.5	1.23			
Private Pay Funded Residents	12.2	16.2	0.76	16.7	0.73	21.2	0.58	21.0	0.58			
Developmentally Disabled Residents	0.9	0.5	1.66	0.3	2.66	0.6	1.54	7.1	0.12			
Mentally Ill Residents	36.2	48.2	0.75	42.4	0.86	37.8	0.96	33.3	1.09			
General Medical Service Residents	29.3	20.0	1.46	23.4	1.25	22.3	1.31	20.5	1.43			
Impaired ADL (Mean)	58.6	44.1	1.33	42.3	1.38	47.5	1.23	49.3	1.19			
Psychological Problems	65.9	62.8	1.05	60.8	1.08	56.9	1.16	54.0	1.22			
Nursing Care Required (Mean)	9.2	7.5	1.23	7.7	1.20	6.8	1.36	7.2	1.28			